WISCONSIN DEPARTMENT of HEALTH SERVICES

Wisconsin Intellectual and Developmental Disabilities and Mental Health (IDD-MH) System Improvement

Subcommittee Survey Results

In November and December 2023, each subcommittee sent a survey to the large work group. The surveys aimed to get the work group's thoughts on their draft recommendations.

5 Surveys

900+ Responses

Subcommittee Focuses

1. Improve crisis services
2. Expand training and education for providers
3. Increase availability of outpatient and preventative mental health services
4. Improve coordination between services systems
5. Improve supports for those with IDD-MH needs so they have a better quality of life

Subcommittee 1 Survey (Improve crisis services)

Who responded

- 132 people answered all questions
- 56 people answered some questions
- Respondents included:

Participants and families
- 5.7% self-advocate
- 13.1% family or guardian

Providers
- 13.6% county agency
- 2.3% day or vocational service provider
- 13.1% MCO or IRIS agency
- 10.2% mental health provider
- 6.8% residential provider

Advocates and partners
- 6.3% advocacy agency
- 1.7% hospital workers
- 1.7% law enorcement
- 8% other
- 0.6% primary or secondary educator
- 15.3% state employee
- 1.7% university or tech college

What it asked

Rank eight recommendations that the committee was considering by order of importance

Key takeaways

The top five were:

1. Create regional triage and crisis stabilization centers designed to meet the needs of adults and children with IDD-MH needs.
2. Expand access to psychiatric services through mentoring, training, and ongoing collaboration between psychiatrists and other prescribers.
3. Create a HIPAA-compliant statewide database that stores information that can help first responders respond to crises.
4. Create an IDD-MH psychiatric consultation phone line for doctors and other prescribers.
5. Create a designated phone line (like 988) for caregiver crisis support.

Subcommittee 2 Survey (Expand training and education for providers)

Who responded

- 134 people answered all questions
- 44 people answered some questions
- Respondents included:

  Participants and families
  - 9.4% self-advocate
  - 14% family or guardian

  Providers
  - 7.6% county agency
  - 7% day or vocational service provider
  - 12.3% MCO or IRIS agency
  - 9.9% mental health provider
  - 5.3% residential provider

  Advocates and partners
  - 6.4% advocacy agency
  - 1.2% hospital workers
  - 0.6% law enorcement
  - 7.6% other
  - 0.6% primary or secondary educator
  - 14% state employee
  - 4.1% university or tech college

What it asked

Rank 10 strategies to expand training and education to providers. It asked:

- How important each strategy was
- How long each strategy would take to do
- How hard or easy each strategy would be to do

Key takeaways

The top 5 strategies with the highest ranking were:

1. Include education about the unique needs of people who have IDD-MH needs into education coursework for professionals and offer work experience during their education. (Long-Term, Moderate)
2. Create regional response teams that can respond to requests from individuals, families, providers, and others for training, education, and consultation. (Long-Term, Moderate)
3. Create grant opportunities for education and training of direct support professionals, so all agencies and providers can adequately train staff. (Medium-Term, Moderate)
4. Create a toolbox of training and educational resources for consumers and families, advocates, providers, medical professionals, law enforcement, etc. (Short-Term, Moderate)
5. Create a certification for direct support professionals that provides specific training in supporting people who have IDD-MH needs. (Medium-Term, Moderate)

Subcommittee 3 Survey (Increase availability of outpatient and preventative mental health services)

Who responded

- 121 people answered all questions
- 24 people answered some questions
- Respondents included:

  Participants and families
  - 9.2% self-advocate
  - 17% family or guardian

  Providers
  - 3.5% county agency
  - 5.7% day or vocational service provider
  - 12.1% MCO or IRIS agency
  - 20.6% mental health provider
  - 2.8% residential provider

  Advocates and partners
  - 5.7% advocacy agency
  - 0.7% hospital workers
  - 1.4% law enorcement
  - 5.7% other
  - 0.7% primary or secondary educator
  - 13.5% state employee
  - 1.4% university or tech college

What it asked

Rank interventions in order of what is most important.

Question 1: What is most important to increase the number of mental health providers?

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Key takeaways

The top-ranked interventions in each category included:

Question 1 responses

1. Community teams to be available to provide technical assistance and training to help prevent a crisis from developing.
2. Increase access to inpatient care.
3. More access to psychiatric nurse practitioners.
4. Better access to trauma-informed telehealth providers.
5. More access to the state centers (Northern, Central, Southern)

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Subcommittee 3 Survey

What it asked cont...

Question 2: What is most important to encourage mental health providers to add or increase services?

Question 3: What is most important to making it easier for people to find and get support?

Question 4: What is most important to help people get the right level of support and make peer support more available?

Key takeaways cont...

Question 2 responses

1. Enhance reimbursement, including possible increased compensation for complexity.
2. Create an IDD-MH certification program to identify and train providers.
3. Develop professional networks so providers can access consultation with skilled peers.
4. Offer educational opportunities and/or professional certifications to providers.
5. Make resources available so providers can develop their skill sets.

Question 3 responses

1. Enhance crisis response, so people receive interim services while waiting for treatment.
2. Add capability to drop-in centers, independent access centers, clubhouses, etc.
3. Create "System Navigator" positions to provide support and identify care options.
4. A focus on creative problem solving by people providing case management services. For example, peer specialist positions or crisis problem solving assistance
5. Other

Question 4 responses

1. Make certified peer specialists billable under Medicaid and commercial insurance.
2. Make certified peer specialist support available to people waiting for critical care.
3. Certified peer specialist cohorts to encourage peer specialists practicing as a career.
4. Other

Subcommittee 4 Survey (Improve coordination between services systems)

Who responded

- 179 people answered all questions
- 33 people answered some questions
- Respondents included:

  Participants and families
  - 3.4% self-advocate
  - 11.8% family or guardian

  Providers
  - 23.2% county agency
  - 4.4% day or vocational service provider
  - 14.3% MCO or IRIS agency
  - 9.4% mental health provider
  - 2.5% residential provider

  Advocates and partners
  - 7.9% advocacy agency
  - 2% hospital workers
  - 1% law enorcement
  - 5.9% other
  - 1% primary or secondary educator
  - 12.3% state employee
  - 1% university or tech college
- 176 said their experience was with the adult system
- 103 said their experience was with the children's system

What it asked

Rank 6 issues by order of importance to address

Key takeaways

With 1 being the most important and 6 being the least important, the rankings were:

1. Access to programs, servics, funding, and information about eligibility
2. System coordination and integration
3. Collaboration between individuals and teams
4. Communication between individuals and teams so providers can speak the same "langauge" to members and participants
5. Transitions between programs
6. Role definition to streamline and clarify who is responsible for what within the care system

Subcommittee 5 Survey (Improve supports for those with IDD-MH needs so they have a better quality of life)

Who responded

- 114 people answered all questions
- 65 people answered some questions
- Respondents included those who have experience with:
  - Adult day services (36.6%)
  - Community supported living (35.4%)
  - IDD behavioral supports (54.3%)
  - Residential services (45.7%)
  - Respite (44.5%)
  - Service coordination (70.7%)
  - Supported employment (37.8%)
  - Supportive home care (42.1%)

What it asked

Give input on:

- What barriers or challenges are happening with IDD supports
- What ways IDD supports could be improved and enhanced

Key takeaways

Questions were open ended. Reocurring comments through the survey included:

- There is a caregiver crisis, you simply can't find workers at the current rates
- People with IDD-MH needs have complex needs and those working with them need extra technical assistance and resources
- We need more respite providers and opportunities for respite
- Before an person can have success in the community they need to be stabilized. Our current system is too quick to move people out of institutes and into residential settings resulting in ongoing trauma
- When transitioning between locations, providers, or the children's service system to the adult system, the continuity of services is disrupted. The opportunity to work through the transition is needed

In addition to the data shared in this document, each of the subcommittees also received excellent narrative feedback that helped to further inform their work.

For more information, visit the Wisconsin IDD-MH System Improvement webpage at dhs.wi.gov/dms/start.htm.